



R426-5-2700 (7), (8) Report Form

Today's Date:

Name of Reporting Individual:

Phone Number and Email:

Name of EMS Individual Involved:

EMS ID:

Date of Incident:

Nature of Incident:

Detailed Description of Incident:

Location where incident occurred:

Action taken by Agency (to date):

EMS Individual's Affiliated Agencies:

Send form to: BEMS Attn: CCEU, PO Box 142004, Salt Lake City, UT 84114-2004
Fax: (801) 323-1563